ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-010047
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. ~~3057~~ Registrar's No. 73

FILED VS MAR 13 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. #2 15 mi S.E. — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R #2 15 mi S.E. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Cecil William Self Jr.
4. DATE OF DEATH Month Day Year: March 4 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-31-1935
9. AGE (last birthday): 25 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Swift Co
11. BIRTHPLACE (City and state or country): Sedalia Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Cecil Wm Self Sr.
13b. MOTHER'S MAIDEN NAME: Mabel Spry
14. NAME OF HUSBAND OR WIFE: Pauline Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Pauline Self — Address R. #2 Sedalia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Seizure convulsive (epileptic)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) resulting in asphyxiation due
DUE TO (c) to occulsion of air passage
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Glioses, Rt temporal lobe of brain

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I ~~attended~~ VIEWED the deceased ~~from~~ as Corner ~~and last saw her/him alive on~~
Death occurred between midnight and 10 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas Gordon Steuffacker MD
22b. ADDRESS: Corner of Pettis Co
22c. DATE SIGNED: 3-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-6-61
23c. NAME OF CEMETERY OR CREMATORY: Flat Creek
23d. LOCATION (City, town, or county) (State): Pettis Co. Mo

24. FUNERAL DIRECTOR ADDRESS: McLaughlin Bros Sedalia
25. DATE RECD. BY LOCAL REG.: 3-7-1961.
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed K.P. McGrary

Signature of Student Embalmer

Licensed Embalmer No. 315-3

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.